

INDIANA JUDICIAL COLLEGE MASTER'S CERTIFICATE PROGRAM NOTIFICATION OF PARTICIPATION

I hereby notify the Indiana Judicial Center that I wish to participate in the **Indiana Judicial College Master's Certificate Program**. By submitting this notice I am acknowledging that I am a graduate of the Indiana Judicial College. I further acknowledge that I have successfully completed the Graduate Program for Indiana Judges or that I will complete the Graduate Program while participating in the Master's program.

NAME _____

COURT _____

DATE _____

PLEASE RETURN THIS FORM TO:

Cathy Springer, Education Director
Indiana Judicial Center
115 W. Washington Street, Suite 1075
Indianapolis, IN 46204-3424
317-232-1313 Fax: 317-233-3367
cspringe@courts.state.in.us